

**(Automotive Service Stations) – Standard No. VI**

**FORM 10-606 (Rev. 6/82)**

Concid#:		Name of Concessioner:	
Region:		Facility/Service:	
Year of Evaluation:			

**NOTICE TO CONCESSIONER:** The elements (X) below were found deficient this date and must be corrected by the date(s) specified below. Failure to make correction(s) within the date(s) specified will result in downgrading the initial rating and may result in an unsatisfactory rating which may affect your

**ELEMENTS/CLASSIFICATION**  
Check (Box) in space provided - applicable elements (APP.)  
Check (Box) in space provided - those which are deficient (DEF.)

Element A. FACILITY EXTERIOR					Element D. RATES			
			APP.	DEF.			APP	DEF
1.	Structure Condition (B)				12.	Authorized Rates (A)		
2.	Grounds (B)				13.	Posting of Rates (B)		
3.	Public Signs (C)				Element E. AUTOMOBILE MAINTENANCE			
Element B. FACILITY INTERIOR			APP.	DEF.	14.	Preventative Car Care (B)		APP.
4.	Public Restrooms (A)				15.	Required Supplies (B)		
5.	Public Signs (C)				Element F. SERVICE			
6.	Public and Other Areas (B)							
Element C. OPERATIONAL			APP.	DEF.	16.	Information Material (C)		
7.	Employee Performance (A)				17.	Products Sold (Gas) (A)		
8.	Employee Attitude (A)				18.	Vending (B)		
9.	Employee Appearance (A)				19.	Beverage Container Guidelines (B)		
10.	Operating Hours (B)							
11.	Staffing (A)							
ITEM #	EVALUATION OBSERVATION						CORRECTED BY (Date)	CORRECTED BY (Date)
EVALUATION DATE	# OF OBSERVATIONS BY CLASSIFICATIONS			NUMERIC PERIODIC RATING	NPS EVALUATOR SIGNATURE	CONCESSIONER SIGNATURE		
INITIAL	A	B	C	Preliminary				
FOLLOW-UP				Final				
REMARKS :								